

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

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| Facility Information |
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Facility Name: ROYALINE CARE DBA WELCOME HOME (0008953)

Address: 531 LAKESHORE CT, WEYAUWEGA, WI 54983

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

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| Survey History |
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Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0096437 End Date: 01/10/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009508 Served 03/02/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 13.05(3)(a) | ENTITY ALLEGATION REPORTING REQUIREMENTS | | |
| 83.11(3)(a) | RESPONSIBILITIES | | |
| 83.12(5)(a) | SUPERVISION AND MONITORING | | |
| 83.19(1)(e)1 | ABUSE OR MISAPPROPRIATION OF PROPERTY | | |
| 83.19(3)(c) | INVESTIGATE ALLEGATION | | |
| 83.21(4)(g) | FAIR TREATMENT | | |
| 83.21(4)(m) | ABUSE, NEGLECT, OR MISAPPROPRIATION | | |
| 83.21(4)(n)1 | SECLUSION, RESTRAINTS | | |
| 83.32(2)(a) | INDIVIDUALIZED SERVICE PLAN-SCOPE | | |
| 83.33(3)(b)2.a | MEDICATIONS SHALL HAVE A LABEL | | |
| 83.33(3)(b)2.g | INTERNAL AND EXTERNAL STORED SEPARATELY | | |
| 83.33(3)(i)1 | RECORDS | | |
| 83.33(3)(i)2 | MEDICAL CONDITION RECORDED IN RECORDS | | |
| 83.33(3)(j)1 | DESTRUCTION OF MEDICATIONS | | |
| 83.42(3)(f) | SLEEPING HOURS EVACUATION DRILL | | |
| 83.43(3)(b)1 | TESTING BY SERVICE COMPANY | | |
| 83.43(3)(b)2 | TESTING OF SMOKE DETECTORS | | |
| 83.51(3)(a) | SMOKE SEPARATION | | |

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P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091810 **End Date:** 11/19/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009228 Served 01/15/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------------|--------------------------------|------------------|
| 83.13(6)(a)1 | CRIMINAL RECORDS CHECK | 01/10/2006 | Yes |
| 83.19(1)(a) | PARTIES TO BE NOTIFIED | 01/10/2006 | Yes |
| 83.32(2)(c)2 | ANNUAL EVALUATION UPDATED | 01/10/2006 | Yes |
| 83.32(3) | SIGNING ASSESSMENT AND ISP | 01/10/2006 | Yes |
| 83.41(10)(c) | PLUMBING IN GOOD REPAIR | | Yes |
| 83.51(3)(a) | SMOKE SEPARATION | | No |
| 83.53(1)(f) | REQUIRED WIDTH CLEAR & UNOBSTRUCTED | | Yes |

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| Enforcement History |
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Date: 03/01/2006 SOD #10009508 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.19(1)(e)1

FORFEITURE---83.19(3)(c)

FORFEITURE---83.21(4)(n)4.a.

FORFEITURE---83.32(2)(a)

FORFEITURE---83.43(3)(b)1

FORFEITURE---83.51(3)(a)

Date: 01/13/2004 SOD #10009228 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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